0515

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

345
108

CERTIFICATE OF DEATH

Reg. Dist. No. 183

1. PLACE OF DEATH · COUNTY: Harford — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pleasantville m Fallston — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pleasantville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location): Fallston R.D.

3. NAME OF DECEASED (Type or Print)	(First) Lemuel	(Middle) H.	(Last) Amoss	4. DATE OF DEATH	(Month) January	(Day) 30	(Year) 49
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: Feb 28, 1858	9. AGE last birthday: 80 yrs.	If under 1 year: Months 11	Days 4	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Benson, Md		12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: Benjamin Howard Amoss			14. MOTHER'S MAIDEN NAME: Martha Elizabeth Hamilton				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO. —		17. INFORMANT: Mrs. Dora Amoss, Fallston, Md.				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lobar pneumonia terminating

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic multiple sclerosis — 27 years.

(c) None

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from ....., 19....., to Jan. 30, 1949, that I last saw the deceased alive on Jan. 30, 1949, and that death occurred at 3.52 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Willard P. Hudson	M.D.	Forest Hill, Maryland.	Jan. 31, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Feb 1st 1949	NAME OF CEMETERY OR CREMATORY: Friendship	LOCATION (City, town, or county) (State): Fallston, Md
DATE REC'D BY LOCAL REG.: 2/1/49	REGISTRAR'S SIGNATURE: Thos. R. Brown	24. FUNERAL DIRECTOR: Martin G. Kurtz, Jarrettsville, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

420.1 940a

0516

CERTIFICATE OF DEATH

Reg. Dist. No. 183

1. PLACE OF DEATH:

County: Harford

City or town: Fallston (rural)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 yrs

Hospital, Institution, or street address where death occurred: —

How long in hospital or Institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Harford

City or town: Fallston (rural)
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: William Lawrence Ayres

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Married

6.(b) Name of husband or wife: Margaret R. Ayres

6.(c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): Jan. 25, 1890

8. AGE:

Years	Months	Days	If less than one day
58	11	23	hrs. min.

9. Birthplace: Rocks, Harford Co. Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Wm Ayres
13. Birthplace: Rocks, Har. Co.

MOTHER
14. Maiden name: Carrie Simmons
15. Birthplace: Pennsylvania

16. Informant: Mrs. Margaret R. Ayres
Address: Fallston, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 4 1949 (month) (day) (year)

Cemetery or crematory: Friendship

Location: Fallston

18. Funeral director: Martin G. Kurtz

Address: Jarrettsville, Md.

19. Jan 4 1949 (Date rec'd by registrar) Thomas R. Brown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 2 1949 at 6 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19...
and that I last saw h... alive on ... 19...

Immediate cause of death	DURATION
Coronary Occlusion	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: — Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. H. Ramsey M.D.
Deputy, Medical Examiner or other

Address: Aberdeen, Md. Date signed 1/7/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH NON-FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JAN 21 1949
BUREAU V. S.

0517

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

4221
93d

Reg. Diat. No. 182

1. PLACE OF DEATH:
County: Harford
City or town: Joppa - Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Harford
City or town:
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Joppa
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Wesley M. Bish

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	Widower

6.(b) Name of ~~husband~~ or wife: Sarah Anne Bish
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug 8 - 1872

8. AGE: Years	Months	Days	If less than one day
76	4	24	hrs. min.

9. Birthplace: Ohio —
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business

FATHER
12. Name: ?
13. Birthplace: unknown

MOTHER
14. Maiden name: ?
15. Birthplace: unknown

16. Informant: Noah Manty
Address: Joppa, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/3/49 (month) (day) (year)
Cemetery or crematory: Bel Air Burial Park
Location: Bel Air, Md.

18. Funeral director: W. T. Archer
Address: Benson Md

19. 1/1 1949 P. Forwood
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 1 1949, at 3A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1946, to Jan 1 1949
and that I last saw h[illegible] alive on Dec 30 1948

Immediate cause of death	DURATION
Arteriosclerotic CV disease	2 years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Gerald C Palmer MD
M. D. or other
Address: Bel Air, Md Date signed 1/1/49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

RECEIVED
JAN 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0518

260

61

Reg. Dist. No. 186-

1. PLACE OF DEATH:

County: Harford

City or town: Havre de Grace

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10yrs.

Hospital, institution, or street address where death occurred:

St. Francis Villa

How long in hospital or institution? 10 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Havre de Grace

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Commerce & Market

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Sister M.Aniceta (Buerger)

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife: --

6.(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): I/23/1869

8. AGE: Years	Months	Days	If less than one day
79	II	II	____ hrs. ____ min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: Secretary

11. Industry or business:

FATHER — 12. Name: Louis J. Buerger

13. Birthplace: Germany

MOTHER — 14. Maiden name: Marie Ann Glees

15. Birthplace: France

16. Informant: Hosp. Records

Address: Havre de Grace

17. Burial (Burial, cremation, or removal. Which?) Date thereof: I/7/49 (month) (day) (year)

Cemetery or crematory: Holy Redeemer

Location: Baltimore, Md.

19. Funeral director: Pennington & Son

Address: Havre de Grace, Md.

Jan. 6 19 49 (Date rec'd by registrar) C. L. Lewis M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 4 19 49, at 1:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 19 48, to Jan 4 19 49

and that I last saw her alive on Jan 4, 1949 19

Immediate cause of death	DURATION
Asthenia Debilitas	
Cerebral Hemorrhage	
Due to: Diabetes Mellitus	
Due to:	
Other conditions: Contributed	

(Include pregnancy within 3 months of death)

Major findings of operations: ____ Date of op. ____

Autopsy results: ____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE: Charles J. Foley M.D. M. D. or other

Address: Havre de Grace, Md. Date signed 1/6/49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

RECEIVED
JAN 7 1949
BUREAU V. S.

0519

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181

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH:

County Harford

City or town Havre De Grace Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Harford Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County ~~Harford~~ Cecil

City or town Port Deposit
(If outside city or town limits, write RURAL and give nearest town)

Street No. 109 N. Main St. Port Deposit, Md.
(If rurel, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME EDWARD K BURLIN

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Widowed.

6.(b) Name of husband or wife Burlin, Linda 6.(c) If alive, give age Deceased years

7. Birth date of deceased (mo., day, yr.) 16 April 1877

8. AGE: Years	Months	Days	If less than one day
71	8	22	..... hrs. ..... min.

9. Birthplace Port Deposit, Maryland
(Town, county, and state)

10. Usual occupation Janitor

11. Industry or business School.

FATHER 12. Name Burlin Samuel

13. Birthplace Port Deposit Maryland

MOTHER 14. Maiden name Carr, Mary

15. Birthplace Maryland

16. Informant Ernest Burlin

Address Port Deposit, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 10, 1949 (month) (day) (year)

Cemetery or crematory Idlewell Cem.

Location Port Deposit, Md. Rural

18 Funeral director Lee A. Patterson & Son

Address Perryville, Md.

19. Jan. 10 1949 G. K. Lewis M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1.7.49 19.... at 2.00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4 JAN 19 49, to 7 JAN 19 49

and that I last saw h JM alive on 7 JAN 19 49

Immediate cause of death	DURATION
CARDIO-RESPIRATORY FAILURE	
Due to SHOCK AND TOXEMIA	
Due to EXTENSIVE 2ND° BURNS OF BODY AND EXTREMITYES	
Other conditions RENAL SHUT DOWN	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ACCIDENT Date of 4 JAN 49

Where did injury occur? PORT DEPOSIT (City or town) CECIL (County) MD. (State)

Injured at home, farm, industry, public place (where?) ~~Home~~ JEFFERSON HALL JACOB TOME INSTITUTE Injured at work? YES

Means of injury BURNED WHEN FURNACE BACK FLASHED

23. SIGNATURE B Marment M. D.
M. D. or other

Address Havre de Grace Date signed 1.7.49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

331
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0520

Reg. Dist. No. 185

1. PLACE OF DEATH:

County: Harford Co.

City or town: Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? ~~4 hrs~~

Hospital, institution, or street address where death occurred: Harford Memorial Hosp

How long in hospital or institution? 6 hrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Harford

City or town: Aberdeen Route 40
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Reece Childress

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	?

6.(b) Name of husband or wife

6.(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) (Unknown) ABT 1881

8. AGE: Years	Months	Days	If less than one day
about 67			hrs. min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden name "
15. Birthplace "

16. Informant Harford County Welfare Board
Address Bel Air Md.

17. Burial Date thereof 1/8/49
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Angel Hill
Location Havre de Grace

18. Funeral director Pennington & Son
Address Havre de Grace

19. Jan. 7 1949 (Date rec'd by registrar) A. L. Lewis M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5 1949 at 7.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-5 1949 to 1-5 1949 and that I last saw h... alive on 1-5 1949

Immediate cause of death	DURATION
Coxsackie - Virus Accident	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Harford Mem. Hosp Date signed 1-5-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

1948
67
1881

RECEIVED
JAN 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

812.5 Bc 0521

CERTIFICATE OF DEATH

170C Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Belcamp — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) 1813 N. Patterson Park Ave., ✓

3. NAME OF DECEASED (Type or Print) (First) Stanislau (Middle) Chrzaszcz (Last) (Stanley Chranis)

4. DATE OF DEATH (Month) JAN (Day) 24 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months. Days	If under 24 hrs. Hours Min.
Male	White	married	7/2/1911	37 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
machine operator		Ohio	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Paul Chranis	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes	6/23/42 9/12/45		Mrs. Mary Chranis, Balto., Md. 1813 N. Patterson Park Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CEREBRAL CONCUSSION, SHOCK

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) COMPOUND FRACTURE RIGHT LEG - MULTIPLE CONTUSIONS

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
ACCIDENT		NEAR BELCAMP	HARFORD	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR?
JAN 24 1949 7:10 p.m.		automobile accident - to Pedestrian

22. I hereby certify that I attended the deceased from ——, 19....., to ——, 19....., that I last saw the deceased alive on ——, 19....., and that death occurred at 7:10 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. W. Ramsey	M.D. - Deputy Medical Examiner	Aberdeen, Md	1/24/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1/28/49	St. Francis	Abingdon	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/28/49	Marie M. Moulsdale	Howard K. McCormick & Son	Abingdon Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 1 1949
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

490
107

CERTIFICATE OF DEATH

Reg. Dist. No. 182

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

1. PLACE OF DEATH:
County Harford
City or town Chest nut Hill Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City or town Chest nut Hill Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION) R
2.(a) If veteran, name war

3.(a) FULL NAME: GEORGE CLARK

3.(b) Social Security Number: R

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widower

6.(b) Name of husband or wife: Dead
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 31, 1868

8. AGE: Years 80 | Months 5 | Days 27 | If less than one day ..... hrs. ..... min.

9. Birthplace (City, county, and state): Harford Co., Md.

10. Usual occupation: Farmer

11. Industry or business: Dairy Farming

FATHER
12. Name: Wm. T. Clark
13. Birthplace: Harford Co. Md.

MOTHER
14. Maiden name: Margaret Ady
15. Birthplace: Harford Co. Md.

16. Informant: Frank S. Clark
Address: Forest Hill, Md. Rural

17. Burial (Burial, cremation, removal): Date thereof Jan 31 1949 (month) (day) (year)
Cemetery or crematory: Rock Spring Cem
Location: Harford Co. Md.

18. Funeral director: H. S. Bailey
Address: Darlington, Md.

Jan 29, 1949 C. V. Kirk
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: JANUARY 27, 1949 at 9:40 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from APRIL 1947 to JAN. 27 1949 and that I last saw h.i.m. alive on JAN. 27 1949

	DURATION
Immediate cause of death: BRONCHO PNEUMONIA	2 WEEKS
Due to:	
Due to:	
Other conditions: SENILITY	5 YEARS

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE: Robt Battle MD
M. D. or other
Address: Forest Hill, Md. Date signed 1/29/49

RECEIVED
FEB 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

4222
932

0522

CERTIFICATE OF DEATH

Reg. Diat. No. 182

1. PLACE OF DEATH:
County Harford
City or town Darlington Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 89 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City or town Darlington Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION) No
2.(a) If veteran, name war

3. (a) FULL NAME Sarah P. Cook

3. (b) Social Security Number No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife: None
None 6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov. 14, 1859

8. AGE: Years	Months	Days	If less than one day
89	1	19	hrs. min.

9. Birthplace Harford Co, Md
(Town, county, and state)
10. Usual occupation Housework
11. Industry or business At Home
FATHER 12. Name Joel Cook
13. Birthplace Harford Co, Md.
MOTHER 14. Maiden name Martha Pearson
15. Birthplace Adams Co, Penna.
16. Informant Mr. Lloyd Weaver
Address Darlington, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 6 1949 (month) (day) (year)
Cemetery or crematory Darlington Cem.
Location Harford Co, Md.
18. Funeral director H. S. Bailey
Address Darlington Md.
19. Jan. 6, 1949 (Date rec'd by registrar) C. N. Kirk Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3, 1949 at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 10, 1948, to Jan 3 1949
and that I last saw h alive on Jan. 2 1949

Immediate cause of death — DURATION

Chronic Nephritis — 2 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. E. Galleon M. D. or other
Address Darlington Md Date signed 1-4-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JAN 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0523

442

108

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air; LENGTH OF STAY (in this place) 20 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Randolph (Last) Crue

4. DATE OF DEATH: (Month) January (Day) 6 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-25-1874

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Edgewood Arsenal

11. BIRTHPLACE (State or foreign country): Balto Co Md

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Crue

14. MOTHER'S MAIDEN NAME: Elizabeth Motsy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: J A Crue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Lobar Pneumonia	48 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic cardio-vascular-renal disease.	
	(c) Chronic bronchial asthma.	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19th, 1947, to Jan 6, 1949, that I last saw the deceased alive on Jan 6, 1949, and that death occurred at 1200 m., from the causes and on the date stated above.

SIGNATURE: Willard P. Hudson, M.D. (Degree or title) — ADDRESS: Forest Hill Md — DATE SIGNED: 1/6/49

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE: Jan 8-49 — NAME OF CEMETERY OR CREMATORY: Fork Cem — LOCATION (City, town, or county) (State): Fork Md

DATE REC'D BY LOCAL REG. 1/9/49 — REGISTRAR'S SIGNATURE: Priscilla Forwood — 24. FUNERAL DIRECTOR: Martin E Kurtz — ADDRESS: Jarrettsville Md.

VS. A15

RECEIVED
JAN 11 1949
BUREAU V. S.

0524

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

241/112

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County: Harford County

City or town: Havre De Grace (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 24 hrs

Hospital, institution, or street address where death occurred: Harford Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Harford

City or town: Perryman (If outside city or town limits, write RURAL and give nearest town)

Street No. — (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Howard Franklin Dalton

3. (b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	S

6.(b) Name of husband or wife —

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): April 27th 1948

8. AGE: Years | Months: 8½ | Days | If less than one day ... hrs. ... min.

9. Birthplace: Havre de Grace, Harford Co. Md. (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name: John Franklin Dalton Jr.
13. Birthplace: Bel Camp Md.

MOTHER
14. Maiden name: Dorothy Mae Elliott
15. Birthplace: Aberdeen Maryland.

16. Informant: John F. Dalton Jr.
Address: Bel Camp, Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1 6 1949 (month) (day) (year)

Cemetery ~~or crematory~~: Baker's

Location: Near Aberdeen Maryland.

18. Funeral director: Henry Tarring & Sons

Address: Aberdeen, Harford Co. Md.

19. Jan. 4 1949 (Date rec'd by registrar) A. L. Lewis M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1-3 1949 at 7¼ P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-3 1949 to 1-3 1949 and that I last saw him alive on 1-3-49 19

Immediate cause of death: Asphixiation from Sarcomucus plug in mastic pronchus

Due to: Bronchial Asthma

Due to:

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Harford Mem. Hosp. Date signed 1-3-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JAN 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

450.0 932 0525

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air, Md Rural
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air, (Rural)
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) (Last) Dowling

4. DATE OF DEATH: (Month) Jany (Day) 27 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April-1-1862

9. AGE last birthday: 86 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: ✓

11. BIRTHPLACE (State or foreign country): Harford Co., Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Dowling

14. MOTHER'S MAIDEN NAME: Margaret Starr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: ✓

17. INFORMANT: Clifford Dowling

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute cardiac dilatation	2 hours.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	2 years.
	(c) Congestive heart failure	6 months.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 May, 1948, to 27 Jan, 1949, that I last saw the deceased alive on 22 Jany, 1949, and that death occurred at ____m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. P. Caldwell M D Bel Air 28 Jan 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Jany 30/49 — NAME OF CEMETERY OR CREMATORY: Mt Zion — LOCATION (City, town, or county) (State): Fountain Green, Md

DATE REC'D BY LOCAL REG. 1/29/49 — REGISTRAR'S SIGNATURE: Priscilla Forwood

24. FUNERAL DIRECTOR — ADDRESS: Joseph T Foster Bel Air, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
FEB 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0526

442

131a

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington, Rural; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Daniel (Middle) Gale (Last)

4. DATE OF DEATH: (Month) Jan. (Day) 21 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 61 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Harford Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT: Mrs. Daniel Gale

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart failure	1 wk
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-Renal disease	10 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1947, to Jan 21, 1949, that I last saw the deceased alive on Jan 21, 1949, and that death occurred at 1 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Malcolm Dudley Phillips MD ADDRESS DATE SIGNED 1/22/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Jan 23/1949 | NAME OF CEMETERY OR CREMATORY Dublin Cem | LOCATION (City, town, or county) Harford Co. (State) Md.

DATE REC'D BY LOCAL REG. Jan 22 1949 | REGISTRAR'S SIGNATURE C. N. Kirk | 24. FUNERAL DIRECTOR H. B. Bailey | ADDRESS Darlington, Md.

RECEIVED
FEB 1 1949
BUREAU V. S.

0527

Evidence for changes in # 8,9, & 13 is on:

Film No. G119, Feb.15,1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

175
149a

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH
COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE de GRACE
LENGTH OF STAY (In this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS 256 SENECA Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE W.Virginia COUNTY Mineral
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keyser
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Edith (Middle) Ketchum (Last) Gibson

4. DATE OF DEATH (Month) JAN (Day) 25 (Year) 1949

5. SEX FEMALE

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH 3/7/1884 (1884)

9. AGE last birthday 64 yrs. If under 1 year Months 10 Days 18 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Agency

10b. KIND OF BUSINESS OR INDUSTRY Insurance

11. BIRTHPLACE (State or foreign country) Fullerton, Nebraska

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lawrence W. Ketchum

14. MOTHER'S MAIDEN NAME Lucy Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs.Maude K. Rouzer, Keyser, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) SHOCK (HEMORRHAGIC)	15 MINUTES
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CARCINOMA of OVARIAN ORIGIN WITH WIDE METASTASIS	Not KNOWN
	(c) Dup	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION EXPLORATORY LAPAROTOMY 1-20-49 OVARIAN CARCINOMA WITH PERITONEAL METASTASIS

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED White at Work ☐ Not White At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 JAN, 1949, to 25 JAN, 1949, that I last saw the deceased alive on 25 JAN, 1949, and that death occurred at 809 P.m., from the causes and on the date stated above.

SIGNATURE RBMarment M.D. (Degree or title) ADDRESS Havre de Grace Md DATE SIGNED 25 Jan 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE I/29/49 NAME OF CEMETERY OR CREMATORY Queens Point LOCATION (City, town, or county) (State) Keyser, W. Va.

DATE REC'D BY LOCAL REG. Jan.26-49 REGISTRAR'S SIGNATURE A. L. Lewis M. D. 24. FUNERAL DIRECTOR Pennington & Son ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0528

Reg. Dist. No. 182

1. PLACE OF DEATH
COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Forest Hill
MARYLAND
LENGTH OF STAY (in this place) 42 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Forest Hill
STREET ADDRESS (If rural give location) Chestnut Hill

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) STANDEFORD (Last) GRAFTON

4. DATE OF DEATH (Month) Jan. (Day) 10 (Year) 19 49

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH April 18 1856

9. AGE last birthday 92 yrs. If under 1 year Months 8 Days 22 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Chestnut Hill Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S. America

13. FATHER'S NAME John A. Grafton

14. MOTHER'S MAIDEN NAME Ann Standeford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Willard Grafton, Forest Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar pneumonia. — Jan. 6, '49

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — To

(c) Cronic Cardio-vascular disease. — Jan. 10, '49

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Generalized Arterio-sclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 6, 1949, to Jan. 10, 1949, that I last saw the deceased alive on Jan. 10, 1949, and that death occurred at 9:05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Willard R. Hudson M.D. Forest Hill, Md 1/11/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Jan 13-49

NAME OF CEMETERY OR CREMATORY Deer Creek

LOCATION (City, town, or county) (State) Chestnut Hill Harford Co. Md.

DATE REC'D BY LOCAL REG. 1/12/49

REGISTRAR'S SIGNATURE Mrs. Ella Fawood

24. FUNERAL DIRECTOR Martin G. Kurtz

ADDRESS Jarrettsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

831 83a

0529

Reg. Dist. No. 182

1. PLACE OF DEATH:

County: Harford

City or town: Forest Hill

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Harford

City or town: Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Forest Hill

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME Samuel David Gross

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife: Esther B. Nagle

6.(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Sept 19, 1872

8. AGE: Years	Months	Days	If less than one day
76	3	15	____ hrs. ____ min.

9. Birthplace: Sharon Harford Co. Md (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER — 12. Name: John Gross

13. Birthplace: Sharon Har. Co. Md

MOTHER — 14. Maiden name: Margaretta Dole

15. Birthplace: Darlington, Md

16. Informant: Mrs Esther Gross

Address: Forest Hill, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: (month) (day) (year) Jan 6, 1949

Cemetery or crematory: Centre

Location: Forest Hill, Md

18. Funeral director: Martin G. Hurst

Address: Jarrettsville, Md

19. 1/4 1949 P Fowood

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 3 1949, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 30 1948, to Jan 3 1949 and that I last saw h[illegible] alive on Jan 3 1949

Immediate cause of death: CEREBRAL HEMORRHAGE — DURATION: 4 da.

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Willard P. Hudson M. D.

Address: Forest Hill Md Date signed: 1/4/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct name if one is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15 9-45-15M

RECEIVED
JAN 5 1949
BUREAU V. S.

0530

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

447

CERTIFICATE OF DEATH

137a Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-air — LENGTH OF STAY (in this place) over 50 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-air
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) 133 Archer Street

3. NAME OF DECEASED (Type or Print)	(First) Joseph	(Middle) E	(Last) Hall	4. DATE OF DEATH (Month) 1	(Day) 16 (Year) 1949
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 31, 1868	9. AGE last birthday 80 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Harford County, Md		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Joseph Hall			14. MOTHER'S MAIDEN NAME Mary - No Record of Maiden Name		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If year, give war or dates of service) —	16. SOCIAL SECURITY NO. —	17. INFORMANT		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chr PROSTATIC HYPERTROPHY	12 mos.
Antecedent cause(s)	(b)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) ESSENTIAL HYPERTENSION	3 yrs.?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	ARTERIOSCLEROSIS	?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 10, 1946, to Jan 16, 1949, that I last saw the deceased alive on Jan 15, 1949, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Willard P. Hudson	M.D.	Forest Hill, Md	1/16/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 1/19/49	NAME OF CEMETERY OR CREMATORY Asbury Cemetery	LOCATION (City, town, or county) (State) Churchville, Md
DATE REC'D BY LOCAL REG. 1/16/49	REGISTRAR'S SIGNATURE Priscilla Forwood	24. FUNERAL DIRECTOR Elmer E Bullock	ADDRESS Havre de Grace

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

332 / 835

0531

Reg. Dist. No. 183

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL WHITE HALL
MARYLAND
LENGTH OF STAY (in this place): 70 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL WHITE HALL
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) P. (Last) HITCHCOCK

4. DATE OF DEATH: (Month) JAN. (Day) 25 (Year) 1949

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: May 31 1861

9. AGE last birthday: 87 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOUSE WIFE

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: WILLIAM SHANBARGER

14. MOTHER'S MAIDEN NAME: CHRISTAN CORNWELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Ray Hitchcock

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	2 weeks
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	
	(c) Arteria - sclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to Jan. 25, 19 49, that I last saw the deceased alive on Jan. 24, 1949, and that death occurred at 8 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

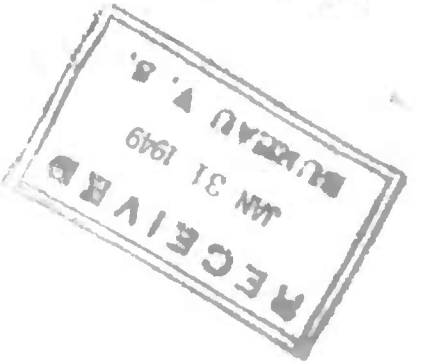
A. M. France - Parkton, Md. Jan. 25, 1949

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) | DATE: Jan 27 1949 | NAME OF CEMETERY OR CREMATORY: Fawn Grove | LOCATION (City, town, or county) (State): Fawn Grove Penna.

DATE REC'D BY LOCAL REG.: Jan 27, 1949

REGISTRAR'S SIGNATURE: Thomas R. Brown

24. FUNERAL DIRECTOR: W. Howard Watt ADDRESS: Fawn Grove Pa


RECEIVED
JAN 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

422.1 93d 0532

CERTIFICATE OF DEATH

Reg. Dist. No. 18-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Havre de Grace; LENGTH OF STAY (in this place) 7 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Havre de Grace
HOSPITAL OR INSTITUTION OR STREET ADDRESS Quaker Bottom Farm	STREET ADDRESS (If rural, give location) Quaker Bottom Farm

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Anna	Macklem	Hughes	Jan.	16	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Aug. 18, 1870	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Duties	Home	Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John M. Macklem	Elizabeth Davies

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	no	—	Miss Lavinia D. Macklem

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-Vascular Disease -	
	(c) Arterio Sclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Not	—			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.		—

22. I hereby certify that I attended the deceased from Aug. 1, 1948, to 1-16, 1949, that I last saw the deceased alive on 1-16, 1949, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. L. Lewis	M.D.	Havre de Grace Md	1-16-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan. 19 1949	Rock Run	Harford Co.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 18, 1949	Bertha B. Knight	R. Madison Mitchell	H. de G. Md.

RECEIVED
JAN 28 1949
BUREAU V. S.

0533

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

715
153

CERTIFICATE OF DEATH

Reg. Dist. No. 181

EVIDENCE FOR CHANGE + ADDITION ITEM 18 a + B is odd

G 119 MAR 10 1949

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Aberdeen
STREET ADDRESS (If rural, give location) Bush Chapel Road

3. NAME OF DECEASED (Type or Print) (First) Nellie (Middle) R (Last) Jackson
4. DATE OF DEATH (Month) Jan. (Day) 16 (Year) 1949

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct. 2nd 1848
9. AGE last birthday 100 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House worker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William H. Hollingsworth
14. MOTHER'S MAIDEN NAME Eliza Lisby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. Thomas H. Hollingsworth

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Senility ; inanition - 3 wks [3/10/49 akc] — 1 yr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Extensive decubitus ulcers — 3 wks.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ ✓
HOW DID INJURY OCCUR? No injury

22. I hereby certify that I attended the deceased from 12/28, 1948, to 1/15, 1949 that I last saw the deceased alive on 1/15, 1949 and that death occurred at 9:55 a.m., from the causes and on the date stated above.

SIGNATURE Peter V. Rodman, M.D. (Degree or title) ADDRESS Aberdeen, Md. DATE SIGNED 1/19/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan. 20, 1949
NAME OF CEMETERY ~~OR CREMATORY~~ Asbury
LOCATION (City, town, or county) Churchville (State) Md.

DATE REC'D BY LOCAL REG. Jan. 19-49
REGISTRAR'S SIGNATURE Nellie H. Riley
24. FUNERAL DIRECTOR Henry Tarring & Sons, ADDRESS Aberdeen Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 28 1949
BUREAU V. S.

0535

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

150
46a

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Aberdeen
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bush Chapel Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Aberdeen
STREET ADDRESS (If rural give location) Bush Chapel Rd

3. NAME OF DECEASED (Type or Print) (First) Peter (Middle) N. (Last) Jorett

4. DATE OF DEATH (Month) Jan. (Day) 30 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Aug. 20, 1870
9. AGE last birthday 78 yrs. If under 1 year Months 5 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. John B. McCarney

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Esophagus — INTERVAL BETWEEN ONSET AND DEATH 8 mos.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION August, 1948
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Esophagus
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to Jan 30, 1949, that I last saw the deceased alive on Jan 29, 1949, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE Lillie B. Rodman, M.D. (Degree or title) ADDRESS Aberdeen, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb. 2, 1949
NAME OF CEMETERY OR CREMATORY Bakers Cemetery
LOCATION (City, town, or county) Aberdeen, (State) Md

DATE REC'D BY LOCAL REG. Feb. 1-49
REGISTRAR'S SIGNATURE Nellie H. Riley
24. FUNERAL DIRECTOR Henry Tarring & Sons ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 7 1949
BUREAU V. S.

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181
52 b

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Forest Hill — LENGTH OF STAY (in this place) 21 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill (Rural)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural, give location) 6 50 AM

3. NAME OF DECEASED (Type or Print) (First) Clara (Middle) alice (Last) James			4. DATE OF DEATH (Month) Jan (Day) 10 (Year) 1949		
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH 3-21 1882	9. AGE last birthday 66 yrs.	If under 1 year Months 9 Days 19 / If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY at Home	11. BIRTHPLACE (State or foreign country) Camp Va.	12. CITIZEN OF WHAT COUNTRY? —		
13. FATHER'S NAME Robert Bosel Horne		14. MOTHER'S MAIDEN NAME Bettie Hall			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. —	17. INFORMANT David B James			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute congestive heart failure	15 min.
Antecedent cause(s)	(b) Carcinoma of urinary bladder	4 yrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1946, to Jan. 10, 1949, that I last saw the deceased alive on Jan 1, 1949, and that death occurred at 6 50 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles C. Neff	MD.	Street	1-11-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Jan 12 1949	NAME OF CEMETERY OR CREMATORY Bel Air Burial Park	LOCATION (City, town, or county) (State) Bel Air Harford Co Md
DATE REC'D BY LOCAL REG. 1/11/49	REGISTRAR'S SIGNATURE Priscilla Forward	24. FUNERAL DIRECTOR Martin G Kurtz	ADDRESS Jarrettsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 14 1949
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 183

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.A15

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forrestville; LENGTH OF STAY (in this place) 20 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forrestville; STREET ADDRESS (If rural give location) Forrestville

3. NAME OF DECEASED (Type or Print): (First) William (Middle) A (Last) King

4. DATE OF DEATH: (Month) Jan (Day) 8 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: March 4 1874

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: General work

11. BIRTHPLACE (State or foreign country): Harford Co Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Rudolph King

14. MOTHER'S MAIDEN NAME: Francis Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Gibson King

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: none

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ——, 19....., to ——, 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 8 30A m., from the causes and on the date stated above.

SIGNATURE Gerald C Palmer (Degree or title) MD ADDRESS Bel Air, Md DATE SIGNED 1/8/49

A Jury Deputy Medical Examiner Harford County

23. BURIAL, CREMATION / REMOVAL (Specify) Burial; DATE Jan 11 1949; NAME OF CEMETERY OR CREMATORY Forrestville; LOCATION (City, town, or county) Forrestville (State) Md

DATE REC'D BY LOCAL REG. Jan 11, 1949; REGISTRAR'S SIGNATURE Thomas R. Brown

24. FUNERAL DIRECTOR W Howard Webb ADDRESS Fawn Grove Pa

RECEIVED
FEB 1 1949
BUREAU V. S.

0537

331
83a

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Bel Air Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford County Alms house.	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) Thomas	(Middle) J.	(Last) Martin	4. DATE OF DEATH	(Month) January (Day) 25 (Year) 1949
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S	8. DATE OF BIRTH July 2, 1881	9. AGE last birthday 67 yrs.	If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Mich.	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME Thomas Martin			14. MOTHER'S MAIDEN NAME Lucy Chamberlain		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no		16. SOCIAL SECURITY No. ✓	17. INFORMANT Clark Fitzpatrick		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	5 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis; Essential Hypertension	?
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/20, 1949, to 1/25, 1949, that I last saw the deceased alive on 1/25, 1949, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Willard P. Hudson, M.D		Forest Hill, Maryland	January 26, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE January 27/49	NAME OF CEMETERY OR CREMATORY Harford Co Home	LOCATION (City, town, or county) Bel Air (Rural)	(State) Md
DATE REC'D BY LOCAL REG. 1/26/49	REGISTRAR'S SIGNATURE Priscilla Forwood	24. FUNERAL DIRECTOR Jos T Foster	ADDRESS Bel Air Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

610

0538

CERTIFICATE OF DEATH

137a

Reg. Dist. No. 185-

1. PLACE OF DEATH
COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
LENGTH OF STAY (in this place) 9 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND MD
COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
STREET ADDRESS (If rural, give location) 515 GREEN ST

3. NAME OF DECEASED (Type or Print): (First) COURTNEY (Middle) (Last) MATTINGLY

4. DATE OF DEATH: (Month) 1 (Day) 28 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: 3/6/1855

9. AGE Last birthday: 93 yrs. If under 1 year: Months 10 Days 22 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Store Keeper

10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JOHN F. MATTINGLY

14. MOTHER'S MAIDEN NAME: ELIZABETH PETERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MRS CLIFFORD SHARP

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Benign Prostatic Hypertrophy

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-19, 1949, to 1-28, 1949, that I last saw the deceased alive on 1-28, 1949, and that death occurred at 725p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerbrich, M.D. Harford Memorial Hospt 1-29-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 1/31/49 | NAME OF CEMETERY OR CREMATORY: Angel Hill | LOCATION (City, town, or county) (State): Havre de Grace Md.

DATE REC'D BY LOCAL REG. Jan. 31-49 | REGISTRAR'S SIGNATURE: A. L. Lewis M. D. | 24. FUNERAL DIRECTOR ADDRESS: Pennington & Son

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 3 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

762.5
159

0539

Reg. Dist. No. 185

1. PLACE OF DEATH

County: Harford

City or town: Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Harford Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 418 Market St —
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: McKee, Baby Boy Twin "B"

3. (b) Social Security Number: —

4. Sex: Male

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Newborn

6.(b) Name of husband or wife

8.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): 1/12/49

8. AGE: Years | Months | Days | If less than one day: 1 hrs. 5 min.

9. Birthplace: Havre de Grace
(Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER
12. Name: Robert Leach McKee
13. Birthplace: Bainesboro, Pa.

MOTHER
14. Maiden name: Mary Ann Lehman
15. Birthplace: High Spire, Pa.

16. Informant: Robert L. McKee (Father)

Address: Havre de Grace

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: 1/13/49 (month) (day) (year)

Cemetery or crematory: United Christian

Location: Hershey Pa.

18. Funeral director: Pennington & Son

Address: Havre de Grace

19. Jan. 12 1949
(Date rec'd by registrar)

G. L. Lewis M. D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1-12- 1949, at 6 30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-12 1949, to 1-12 1949 and that I last saw h 1m alive on 1-12 1949

Immediate cause of death: Pulmonary atelectasis

Due to

Due to

Other conditions: Markedly pre-mature

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Harford Memorial Hosp

Date signed: 1/12/49

RECEIVED
JAN 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

762.5 159 0540

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH:
County: Harford
City or town: Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Harford Memorial Hosp -
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Harford
City or town: Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 418 Market St -
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: McKee Baby Boy Twin A

3.(b) Social Security Number: -

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	Newborn

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1/12/49

8. AGE: Years | Months | Days | If less than one day: 4 hrs. 12 min.

9. Birthplace: Havre de Grace (Town, county, and state)
10. Usual occupation: none
11. Industry or business:
FATHER 12. Name: Albert Lenk McKee
13. Birthplace: Bamsboro, Pa.
MOTHER 14. Maiden name: Mary Ann Lehman
15. Birthplace: High Rhine, Pa.
16. Informant: Robert L. McKee (Father)
Address: Havre de Grace
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1/13/49 (month) (day) (year)
Cemetery or crematory: United Christian
Location: Hughes Pa.
18. Funeral director: Pennington & Son
Address: Havre de Grace
19. Jan. 12 1949 (Date rec'd by registrar) G. L. Lewis M. D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12 JAN 1949 at 9 05 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12 Jan 1949, to 12 Jan 1949
and that I last saw h.l.M. alive on 12 Jan 1949

	DURATION
Immediate cause of death: Fetal atelectasis	
Due to: marked prematurity	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: P B Pennington M. D.
M. D. or other
Address: Havre de Grace Date signed: 1-12-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct. Be complete. Physicians: please write the causes of death clearly and legibly. Item 21 is especially important.

VS A15 9-45-15M

RECEIVED
JAN 14 1949
BUREAU V. S.

0541

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

443
93d

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford

City or town Fallston
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 years

Hospital, Institution, or street address where death occurred: Harford Co., Home

How long in hospital or institution? 18 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland. County Harford

City or town Fallston
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Harry Miller

3. (b) Social Security Number

4. Sex: M

5. Color or race: Col

6.(a) Single, married, widowed, or divorced: S

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Aug 15 - 1881

8. AGE: Years: 67 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace: Baltimore
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Wm H Miller
13. Birthplace: Md

MOTHER
14. Maiden name: Mary Trusty
15. Birthplace: Md

16. Informant: Clark Fitzpatrick
Address: Bel Air, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jany 6/49 (month) (day) (year)

Cemetery or crematory: Harford Co. Home

Location: Bel Air (Rural) Md

18. Funeral director: Joseph T Foster
Address: Bel Air Md

19. 1/5 1949 P Fouwood
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 4 1949, at 5:30P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 16 1948, to Jan. 3 1949 and that I last saw him alive on January 3 1949

Immediate cause of death: Chronic myocardial disease — DURATION: ?

Due to

Due to

Other conditions: Essential Hypertension
(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: Willard P. Hudson M. D. ~~or other~~

Address: Forest Hill, Maryland. Date signed 1/5/49

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 11 1949
BUREAU V. S.

0542

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 391.2

CERTIFICATE OF DEATH 107

Reg. Dist. No. 183

M C I T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill (Rural) LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill (Rural)
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Beverly (Middle) Irene (Last) Palm

4. DATE OF DEATH: (Month) Jan (Day) 26 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct 24 1948

9. AGE last birthday: yrs. If under 1 year: Months. 3 Days 2 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Forest Hill Harford Co, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: melvin Lewis Palmer

14. MOTHER'S MAIDEN NAME: Hester Kate Bonham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO. —

17. INFORMANT: Melvin L Palm

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchial Pneumonia — 36 hrs.

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Upper respiratory infection — 3 days
(c) Bilateral Otitis Media

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Dny) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/24, 1949, to 1/26, 1949, that I last saw the deceased alive on 1/26, 1949, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Willard P. Hudson, M.D Forest Hill, Maryland. Jan. 27, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE Jan 28, 1949 | NAME OF CEMETERY OR CREMATORY Wm Watters Mem | LOCATION (City, town, or county) (State): Cooptown, Harford Co. Md

DATE REC'D BY LOCAL REG. Jan. 28, 1949 | REGISTRAR'S SIGNATURE Thomas R. Brown | 24. FUNERAL DIRECTOR Martin G Hurst | ADDRESS Jarrettsville Md.

RECEIVED
FEB 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0543

331

83a

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (in this place) 81 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS --

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 552 Green

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Rice (Last) Pennington

4. DATE OF DEATH: (Month) I/9/49 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: IO/4/I867

9. AGE last birthday: 8I yrs. | If under 1 year: Months. 3 Days 4 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Revenue Clerk

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Havre de Grace

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Atlee Pennington

14. MOTHER'S MAIDEN NAME: Bedellah Hollahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)

16. SOCIAL SECURITY No.: no

17. INFORMANT: G.Robert Pennington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteria Sclerosis Hypertension

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility Hypostatic Pneumonia

(c) Tofenfied

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 48 to Jan. 9, 1949, that I last saw the deceased alive on Jan. 9, 1949, and that death occurred at 6:05 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles J. Foley M.D. | ADDRESS: Havre de Grace Md. | DATE SIGNED: Jan.11,1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: I/I2/49 | NAME OF CEMETERY OR CREMATORY: Angel Hill | LOCATION (City, town, or county) (State): Havre de Grace Md.

DATE REC'D BY LOCAL REG.: 1/12/49 | REGISTRAR'S SIGNATURE: A. L. Lewis M.D

24. FUNERAL DIRECTOR: Pennington & Son | ADDRESS: Havre de Grace, Md.

RECEIVED
JAN 14 1949
BUREAU V. S.

0544

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

331

832

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Harford, Md. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 83 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 729 S. Union Ave.

3. NAME OF DECEASED (Type or Print) (First) Hannah (Middle) H. (Last) Richardson

4. DATE OF DEATH (Month) I/29/49 (Day) (Year) 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	Negro	Married	4/2/1865	83 yrs.	10	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Oakington, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Haggai Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT John H. Richardson, Havrede Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemarrhage	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atrophic arthritis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10 19 48, to Jan 29, 19 49, that I last saw the deceased alive on Jan 28, 19 49, and that death occurred at 11 30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Daniel D. Parke Gen. D.	Havre de Grace, Md	Jan 31 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/1/49	Gravelly Hill	near Havre de Grace, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Jan. 31-49	G. L. Lewis M. D.	Pennington & Son, Havre de Grace

RECEIVED
FEB 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0545

CERTIFICATE OF DEATH

Reg. Dist. No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryman
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryman
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) L. (Last) Ross

4. DATE OF DEATH: (Month) Jan. (Day) 9th (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr. 10th 1872

9. AGE last birthday: 76 yrs. If under 1 year: Months. 9 Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Flatridge, Va.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Stephen Ross

14. MOTHER'S MAIDEN NAME: Ella Perkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Clarence E. Ross

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA, STOMACH

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN 8, 1949, to JAN 8, 1949, that I last saw the deceased alive on JAN 8, 1949, and that death occurred at 3:30 A.M., JAN 9, 1949, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Brown McDonald Jr M.D. Aberdeen Md., 1-10-49

23. BURIAL, CREMATION REMOVAL (Specify): Buried
DATE: Jan. 11, 1949
NAME OF CEMETERY ~~OR CREMATORY~~: Bakers
LOCATION (City, town, or county): Aberdeen, (State) Md

DATE REC'D BY LOCAL REG.: Jan. 12 49
REGISTRAR'S SIGNATURE: Nellie L. Riley
24. FUNERAL DIRECTOR: Henry Tarring & Son ADDRESS: Aberdeen Md.

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JAN 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0546

443
932

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Street Rural | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darboro
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Rebecca (Last) Scarborough

4. DATE OF DEATH: (Month) Jan. (Day) 23 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Single | 8. DATE OF BIRTH: Oct. 14 1870 | 9. AGE last birthday: 78 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework | 10b. KIND OF BUSINESS OR INDUSTRY: At Home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Phillip J. Scarborough | 14. MOTHER'S MAIDEN NAME: Anna E Scarborough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: no | 17. INFORMANT: Mr. Melvin Scarborough

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 8 days

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) hypertensive cardiac

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948 to January 24, 1949, that I last saw the deceased alive on January 24, 1949, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Benjamin Bourgi M.D. CARDIFF Md. January 26, 1949

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) | DATE | NAME OF CEMETERY ~~OR CREMATORY~~ | LOCATION (City, town, or county) (State)

Jan 27 1949 | Ascension Cem | Harford Co, Md.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS

Jan 26, 1949 C. H. Kirk | H. D. Bailey Darlington, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 1 1949
BUREAU V. S.

0547

420.1

93d

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 18 S-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 27 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 620 Fountain

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Arthur (Last) Sentman

4. DATE OF DEATH (Month) I/ (Day) I7/ (Year) I9 49

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH 3/25/I876

9. AGE last birthday 72 yrs. If under 1 year Months 9 Days 23 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired R.R.Engineer

10b. KIND OF BUSINESS OR INDUSTRY Railroad

11. BIRTHPLACE (State or foreign country) Cecil Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ely Sentman

14. MOTHER'S MAIDEN NAME Sophia Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Ida Armor Sentman (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: Acute

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Probably Cardio Vascular — (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-17, 19 49 to —, 19 —, that I last saw the deceased alive on 1-17, 19 49, and that death occurred at 3.30 P.M., from the causes and on the date stated above.

SIGNATURE G. L. Lewis (Degree or title) M.D. ADDRESS Havre de Grace Md. DATE SIGNED Jan. 19-49

23. BURIAL, CREMATION / REMOVAL (Specify) Burial — DATE I/20/49 — NAME OF CEMETERY OR CREMATORY Angel Hill — LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REG. Jan. 19-49 — REGISTRAR'S SIGNATURE G. L. Lewis M. D. — FUNERAL DIRECTOR Pennington & Son — ADDRESS Havre de Grace, Md.

RECEIVED
JAN 21 1949
BUREAU V. S.

EVIDENCE FOR CHANGE OF AGE + BIRTH DATE IS ON: FILM No. G 118 FEB 10 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 4200 0548

CERTIFICATE OF DEATH 93d Reg. Dist. No. 183

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rocks (Rural) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rocks (Rural)
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Jane (Last) Smith
4. DATE OF DEATH: (Month) Jan (Day) 26 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Col.	Widow	Feb 28 1874	74 yrs.	10	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country): Rocks Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Moses Rice
14. MOTHER'S MAIDEN NAME: Jane Waddison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): —
16. SOCIAL SECURITY NO. —
17. INFORMANT: Mrs Stillie Rice, Rocks, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Mild uremia & cardiac failure.	3 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteri-sclerotic Heart disease	1 year.
	(c) peripheral arteri-sclerosis.	several years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov, 1948, to Jan 26, 1949, that I last saw the deceased alive on Jan 26, 1949, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. James Thomison, Jr M.D. Jarrettsville, Maryland 1-27-49.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 29, 1949	St James Cem	Rocks R2, Md.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE
Jan 29, 1949 Thomas R. Brown

24. FUNERAL DIRECTOR ADDRESS
Martin G. Kurtz, Jarrettsville, Md.

VS. A15

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FEB 1 1949
BUREAU V. S.

0549

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Adams St. Ext.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; STREET ADDRESS (If rural, give location) Adams St. Ext.

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Fulton (Last) Sprouse

4. DATE OF DEATH: (Month) Jan. (Day) 28 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Apr. 19 1885

9. AGE last birthday: 63 yrs.; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman

10b. KIND OF BUSINESS OR INDUSTRY: Amusement Novelty Co

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Sprouse

14. MOTHER'S MAIDEN NAME: Lottie Davidson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes; (If year, give war or dates of service): about 1906

16. SOCIAL SECURITY NO.: 216-12-0361

17. INFORMANT: Harry Lee Sprouse

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	½ hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	4 yrs
	(c) Cardiac Failure	½ hr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no

19b. MAJOR FINDINGS OF OPERATION: X

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): X; PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/25, 1949, to only, 19—, that I last saw the deceased alive on 1/28, 1949 and that death occurred at 9:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles F. Foley M.D. Havre de Grace Md. 1/29/49

23. BURIAL, CREMATION / REMOVAL (Specify): Burial; DATE: Jan. 31 1949; NAME OF CEMETERY OR CREMATORY: Angel Hill; LOCATION (City, town, or county): Havre de Grace; (State): Md.

DATE REC'D BY LOCAL REG.: Jan. 31-49; REGISTRAR'S SIGNATURE: C. F. Lewis M.D.

24. FUNERAL DIRECTOR: H. Madison Mitchell; ADDRESS: Havre de Grace

RECEIVED
FEB 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Bc 0550
760.0
160a
Reg. Dist. No. 185

1. PLACE OF DEATH:
County Harford
City or town Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 14 hours
Hospital, institution, or street address where death occurred: Harford Memorial Hospital
How long in hospital or institution? 14 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County ~~Harford~~
City or town ~~Edgewood~~ Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 2914 Hanover Street
(If rural, give LOCATION)
2.(a) If veteran, name war ✓

3. (a) FULL NAME GARLAND RAY STANCILL

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	NEWBORN

6.(b) Name of husband or wife
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.) January 5, 1949

8. AGE: Years — Months — Days — If less than one day 14 hrs. 33 min.

8. Birthplace Havre de Grace, Harford Co., Md.
(Town, county, and state)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Rufus Garland Stancil
13. Birthplace ~~Edgewood Md~~ Greenville North Carolina
MOTHER
14. Maiden name Dorothy Johnson Stancil
15. Birthplace Md. Harford County
16. Informant Rufus Stancil
Address 2914 Hanover St, Baltimore Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 8, 1949 (month) (day) (year)
Cemetery or crematory Cokesbury
Location Abingdon Md
18. Funeral director Howard K. McComas & Son
Address Abingdon Md
19. Jan. 7 1949 (Date rec'd by registrar) A. L. Lewis M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JANUARY 6 1949, at 8 47 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JAN 5 1949 to JAN 6 1949
and that I last saw h 1 M alive on JAN 6 1949 1949
Immediate cause of death Cardio-respiratory failure
Due to Intracranial damage
Due to Prolonged labor
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE B. B. Norment M.D. M. D. or other
Address Havre de Grace Md Date signed 1-6-49

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
VS A15 9-45-15M

RECEIVED
JAN 10 1949
BUREAU V. S.

0551

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 422.1 93d

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Rural — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Rural
STREET ADDRESS (If rural give location) L

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	M	Still	Jany	6	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
M	W	Married	Oct 1- 1874	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Carpenter	RNN.	U.S.

13. FATHER'S NAME Wm W Still

14. MOTHER'S MAIDEN NAME Sophia Wart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 217-01-9530

17. INFORMANT Mrs Laura A Still

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute pulmonary oderma — 2 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio-vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophied prostate.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
U O				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1946, to Jan, 1949, that I last saw the deceased alive on Jan 6, 1949, and that death occurred at 10:40 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Ralph Hurley	M D		Jan 6 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jany 9/49	Pine Grove United Brethern	Parkton	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/07/49	Priscilla Towood	Joseph T. Foster	

VS. A15

RECEIVED
JAN 11 1949
BUREAU V. S.

0552

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

443
932

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Fountain Green MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fountain Green Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Forest Hill Road COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) ~~Millie~~ Billie (Middle) E. (Last) Stokes

4. DATE OF DEATH: (Month) January (Day) 27 (Year) 1949

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W | 8. DATE OF BIRTH: Feby 7 1874 | 9. AGE last birthday: 74 yrs. | If under 1 year: Months Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired | 10b. KIND OF BUSINESS OR INDUSTRY: None | 11. BIRTHPLACE (State or foreign country): Forest Hill Md | 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Nathan Carter Md | 14. MOTHER'S MAIDEN NAME: Mrs Adaline Monnich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): N/A | 16. SOCIAL SECURITY NO.: ✓ | 17. INFORMANT: Mrs Bernice Bradshaw

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 4 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Essential Hypertension — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocardial disease. — ?

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/24, 1949, to 1/27, 1949, that I last saw the deceased alive on 1/27, 1949, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Willard J. Hudson M.D | Forest Hill, Maryland. | 1/29/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE January 29 1949 | NAME OF CEMETERY OR CREMATORY Rock Spring | LOCATION (City, town, or county) (State) Forest Hill

DATE REC'D BY LOCAL REG. 1/28/49 | REGISTRAR'S SIGNATURE Priscilla Torwood | 24. FUNERAL DIRECTOR ADDRESS Joseph I Foster Bel Air Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
FEB 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1 94a

0553

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hickory
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS Forest Hill

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Forest Hill
STREET ADDRESS (If rural give location) Hickory

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) Cook (Last) TENNANT

4. DATE OF DEATH: (Month) Jan. (Day) 5 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: 5/31/1855

9. AGE last birthday: 93 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Greentree, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Cook Tennant

14. MOTHER'S MAIDEN NAME: Adeline Katron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): -
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: -

17. INFORMANT: Mrs. Jennie Barrow Forest Hill, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY OCCLUSION, due to — Interval between onset and death: 1/2 hr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CORONARY SCLEROSIS — ?

(c) Generalized Arterio-sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1948, to Jan 5, 1949, that I last saw the deceased alive on Jan 4, 1949, and that death occurred at 6:30 A m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Willard P. Hudson M.D. Forest Hill, Md 1/5/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 1/7/49
NAME OF CEMETERY OR CREMATORY: Darlington, Md.
LOCATION (City, town, or county) (State): Darlington Md.

DATE REC'D BY LOCAL REG. 1/6/49
REGISTRAR'S SIGNATURE D. W. Hedrick Jr.

24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0554

CERTIFICATE OF DEATH

Reg. Dist. No. 18 1

M — The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Havre de Grace #2; MARYLAND; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Havre de Grace, Md R.D.#2; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizabeth (Last) Thompson

4. DATE OF DEATH: (Month) Jan. (Day) 7, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 4 1872

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Hawkins

14. MOTHER'S MAIDEN NAME: Susan Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT: Millard H. Thompson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute pulmonary odema	15 mins
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio sclerotic Cardio vascular disease	15 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Amputation left leg 1936 Amputation at leg 1943

19a. DATE OF OPERATION: as above

19b. MAJOR FINDINGS OF OPERATION: Both due to dry gangrene

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1939, to Jan, 1949, that I last saw the deceased alive on Nov 22, 1948, and that death occurred at 5:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Ralph Worley M.D. Churchville Jan 8, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 1-10-49 | NAME OF CEMETERY OR CREMATORY: Rock Run | LOCATION (City, town, or county) (State): Harford Co. Md.

DATE REC'D BY LOCAL REG.: Jan 10, 1949 | REGISTRAR'S SIGNATURE: Bertha C. B. Knight

24. FUNERAL DIRECTOR: R. Madison Mitchell | ADDRESS: N. de G. Md.

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JAN 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

9160 180 0555

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age if especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Harford
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen
LENGTH OF STAY (in this place): 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Station Hospital Aberdeen Proving Ground, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen
STREET ADDRESS (If rural, give location): Morgan Manor, Apt 3, Aberdeen PrGr, Md.

3. NAME OF DECEASED (Type or Print): (First) Harvey (Middle) Clifton (Last) Vance, Jr.

4. DATE OF DEATH: (Month) January (Day) 12 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 14 December 48

9. AGE last birthday: 0 yrs. If under 1 year: Months. Days 29 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Harvey Clifton Vance

14. MOTHER'S MAIDEN NAME: Henry Woods

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): ———

16. SOCIAL SECURITY NO.: None

17. INFORMANT:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Terminal Broncho Pneumonia. — Interval Between Onset and Death: 2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 2cd & 3rd degree burns 30% Body Area

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ———

19b. MAJOR FINDINGS OF OPERATION: ———

20. AUTOPSY? Yes ☐ No ☑

21. ~~ACCIDENT~~ SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

(CITY OR TOWN): Aberdeen Proving Ground (COUNTY): (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 8, 1948. m.

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR? Fire in Home.

22. I hereby certify that I attended the deceased from ~~8~~ Jan., 1949, to ~~12~~ Jan., 19 49, that I last saw the deceased alive on 12 Jan., 19 49, and that death occurred at ~~7:25~~ A. m., from the causes and on the date stated above.

SIGNATURE: Robert E. Ford (Degree or title): Capt MC ADDRESS: Aberdeen Proving Ground, Md. DATE SIGNED: 12 Jan 1949.

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE: Jan. 13, 1949
NAME OF CEMETERY OR CREMATORY: Williams Funeral Home
LOCATION (City, town, or county): Meridian (State): Miss

DATE REC'D BY LOCAL REG.: Jan 17-49
REGISTRAR'S SIGNATURE: Nellie H. Riley

24. FUNERAL DIRECTOR: Howard E. McComas & Son
ADDRESS: Aberdeen Md

VS. A15

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JAN 18 1949
BUREAU V. S.

0557

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

916.0
150

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Harford — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen
LENGTH OF STAY (In this place): 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Station Hospital. Aberdeen Proving Ground, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen
STREET ADDRESS (If rural, give location): Morgan Manor, Apt 3, Aberdeen Proving Gd Md.

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) Woods (Last) Vance

4. DATE OF DEATH: (Month) January (Day) 8 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 14 December/48

9. AGE last birthday: 0 yrs. If under 1 year: Months. Days 25. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Harvey Clifton Vance

14. MOTHER'S MAIDEN NAME: Henry Woods

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): --

16. SOCIAL SECURITY NO.: None

17. INFORMANT:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Circulatory collapse	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) 2nd and 3rd degree burns, 75% of body	2 hours
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ (Specify): Fire

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

(CITY OR TOWN) (COUNTY) (STATE): Aberdeen Proving Gd. Harford Maryland.

TIME OF INJURY (Month) (Day) (Year) (Hour): January 8 1949 12.45

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Fire in home. Cause undetermined

22. I hereby certify that I attended the deceased from 8 January 1949, to 8 January 1949, that I last saw the deceased alive on 8 January 1949, and that death occurred at 3.15 P m., from the causes and on the date stated above.

SIGNATURE: Leonard M. Levick
(Degree or title): Capt., MC
ADDRESS: Sta. Hosp, Aberdeem Pr. Gd., Md.
DATE SIGNED: 9 Jan. 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE: Jan 10, 1949
NAME OF CEMETERY OR CREMATORY: Williams Funeral Home
LOCATION (City, town, or county) (State): Meridian Miss.

DATE REC'D BY LOCAL REG.: Jan 11-49
REGISTRAR'S SIGNATURE: Willie H. Tilley

24. FUNERAL DIRECTOR: Howard K. McCormick & Son
ADDRESS: Abingdon Md

VS. A15

RECEIVED
JAN 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

916.0 180 0556

CERTIFICATE OF DEATH

Reg. Dist. No. 181

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

1. PLACE OF DEATH
COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen
LENGTH OF STAY (in this place): 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Station Hospital, Aberdeen Proving Ground, Maryland.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen
STREET ADDRESS (If rural, give location): Morgan Manor Apt 3, Aberdeen Pr Gd

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) None (Last) Vance

4. DATE OF DEATH: (Month) January (Day) 8 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 15 1910

9. AGE last birthday: 38 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Schoolteacher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mississippi

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Henry Jones Woods

14. MOTHER'S MAIDEN NAME: Julia Marechal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Edwin M. Woods

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Circulatory Failure — Interval between onset and death:

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Shock

(c) 2nd and 3rd degree burns 60 % of body

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home

(CITY OR TOWN) (COUNTY) (STATE): Aberdeen Proving Ground Harford Maryland.

TIME OF INJURY (Month) (Day) (Year) (Hour): January 8 1949 12.45 p m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Fire in home. Cause undetermined.

22. I hereby certify that I attended the deceased from 8 January, 1949, to 8 January, 1949, that I last saw the deceased alive on 8 January, 1949, and that death occurred at 5.00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Leonard J. Levick, Captain, M. C.

ADDRESS: Sta. Hosp. Aberdeen Pr. Gd., Md.

DATE SIGNED: 9 Jan. 1949.

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE: Jan. 10, 1949

NAME OF CEMETERY OR CREMATORY: Williams Funeral Home

LOCATION (City, town, or county) (State): Meridian Miss

DATE REC'D BY LOCAL REG.: Jan. 12-1949

REGISTRAR'S SIGNATURE: Nellie H. Riley

24. FUNERAL DIRECTOR: Howard R. McComas & Son

ADDRESS: Abingdon Md

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JAN 14 1949
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1 94a

0558

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford; CITY OR TOWN Edgewood Arsenal; HOSPITAL OR INSTITUTION OR STREET ADDRESS Army Chem Center; Stafford Ray Wallace MARYLAND; LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Harford; CITY OR TOWN Edgewood; STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Stafford; (Middle) Ray; (Last) Wallace

4. DATE OF DEATH: (Month) JAN; (Day) 17; (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 1883

9. AGE last birthday: 65 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working-life, even if retired): Chemist

10b. KIND OF BUSINESS OR INDUSTRY: Army Chem. Center

11. BIRTHPLACE (State or foreign country): Ava - Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jasper Logan Wallace

14. MOTHER'S MAIDEN NAME: Olive Orleana Reeves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): ~~Unknown~~ No

16. SOCIAL SECURITY NO.: 220-20-7422

17. INFORMANT: Mrs. Edna Wallace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion with Myocardial Infarction	- ½ hour
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at 4:50 P m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

J. H. Ramsey M.D – Deputy Medical Examiner | Jan 17, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 1/21/49 | NAME OF CEMETERY OR CREMATORY: Jerusalem Christian | LOCATION (City, town, or county): Joppa | (State): Md

DATE REC'D BY LOCAL REG.: 1/20/49 | REGISTRAR'S SIGNATURE: P Fowood | 24. FUNERAL DIRECTOR: Walter H. Archer | ADDRESS

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN. 24 1949
BUREAU V. S.

244 4500 932 0559

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH

County Harford

City or town Fallston Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years - 3 mos.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Harford

City or town Rural Fallston Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Sarah Brinton Warner

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 10 - 1875

8. AGE: Years	Months	Days	If less than one day
73	—	24	hrs. min.

9. Birthplace Forest Hill Md

(Town, county, and state)

10. Usual occupation Nurse

11. Industry or business

FATHER 12. Name Brinton Franklin Warner

13. Birthplace Forest Hill Md

MOTHER 14. Maiden name Amelia H. Blakewell

15. Birthplace New York Md.

16. Informant Mrs. Wm. Warner

Address Fallston - Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 6. 49 (month) (day) (year)

Cemetery or crematory Friends Meeting House Cem

Location Fallston Md

18. Funeral director W. T. Archer

Address Benson Md

19. 1/5 1949 D Forwood

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 1949 at 5:00 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 1948 to January 1949

and that I last saw h alive on Dec 31 1948 1948

	DURATION
Immediate cause of death Cardiovascular Failure.	1 week
Due to Arteriosclerosis	1 Year.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. P. Sidwell M D.

M. D. or other

Address Bel Air, Md. Date signed 5 JAN 49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

151 46 0560

CERTIFICATE OF DEATH

Reg. Dist. No. 18

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
LENGTH OF STAY (in this place) 2 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Pa — COUNTY Alleghany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsburg (Rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Ferdinand	Waterman	1	26	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widower	Oct 7 1874	74 yrs.	3	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Alleghany Co. Baldwin Twp. Pa
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Carl Waterman
14. MOTHER'S MAIDEN NAME: Caroline Beerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mrs James Seaman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CARDIO-RESPIRATORY FAILURE	60 HOURS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CARCINOMA - CARDIAC END OF STOMACH.	6 MONTHS.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
NONE				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
NONE			m.		—

22. I hereby certify that I attended the deceased from 29 DEC, 1948, to 26 JAN, 1949, that I last saw the deceased alive on 19 JAN, 1949, and that death occurred at 4:15 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. C. Sadwell	M. D.	Bel Air Md.	26 Jan '49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried	1/29/49	Lafferty Hill	Baldwin Township Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/26/49	Priscilla Forwood	Martin L. Kurtz	Jarrettsville Md.

VS. A15

RECEIVED
JAN 31 1949
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1
94a

CERTIFICATE OF DEATH

Reg. Dist. No. 183

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pylesville
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pylesville Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pylesville
STREET ADDRESS (If rural give location) Pylesville R.D.

3. NAME OF DECEASED (Type or Print) (First) Hugh (Middle) Delmer (Last) Whiteford

4. DATE OF DEATH (Month) Jan (Day) 23 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 12 1882
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Harford Co
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Hugh Whiteford
14. MOTHER'S MAIDEN NAME Phebe Flohart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs Asa Strawbridge

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 13, 1949, to Jan 23, 1949, that I last saw the deceased alive on Jan 23, 1949, and that death occurred at 7 45 p m., from the causes and on the date stated above.

SIGNATURE Edward G. Hyson (Degree or title) Md. ADDRESS Fawn Grove DATE SIGNED Pa

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Jan 26 1949 NAME OF CEMETERY OR CREMATORY Fawn Grove LOCATION (City, town, or county) Fawn Grove Pa (State)

DATE REC'D BY LOCAL REG. Jan 26 1949 REGISTRAR'S SIGNATURE Thomas R Brown
24. FUNERAL DIRECTOR W Howard Webb ADDRESS Fawn Grove Pa

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JAN 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

422.1 932 0562

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH
COUNTY Harford County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lewis	Elliot	Williams	January	17	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	April 7, 1890	58 yrs.	9	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Plumber	Bainbridge Plumbing Shop-	Elkton, Cecil Co. Md.	

13. FATHER'S NAME: Thompson F. Williams, Cecil Co. Md.

14. MOTHER'S MAIDEN NAME: Cynthia Cather, Cecil Co., Md.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	220 183631	Maude N. Williams, Port Deposit, Cecil Co. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Edema

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerotic C-V-D

(c) Cerebro-Vasc. Accident - Prob. Vasc.-Spasm

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 1-17, 1949, to 1-17-, 1949, that I last saw the deceased alive on 1-17, 1949, and that death occurred at 9:43 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature], M.D. Harford Memorial Hosp.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 21, 1949	Hopewell	Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 21-49	A. L. Lewis M. D.	Lee A. Patterson Son.	Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 24 1949
BUREAU V. S.